U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 - AMENDED LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| 1. File Number U - 1/044 | 2. Fiscal Year Covered From: | |
|--|--|--|
| | 1 / 1 / 2004 Through: 12 / 31 / 2004 | |
| 3. Name and address of person filing. | Name, file number, and address of labor organization. | |
| Name RONALD E POWELL | Name LOCAL 881 UFCW | |
| | Labor Organization File Number 515-066 | |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Building and Room Number, if any | |
| Street 10400 W HIGGINS ROAD SUITE 500 | Street 10400 W HIGGINS ROAD SUITE 500 | |
| City ROSEMONT | City ROSEMONT | |
| State | State Illinois ZIP Code + 4 60018-3705 | |
| 5. Position in labor organization. PRESIDENT | Company of the Compan | |
| A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati | | |
| Name and address of Employer (including trade name, if any). | 7.a. Nature of Interest, Transaction, or Income. | |
| Name Name | UNKNOWN/NO RELIABLE RECORDS RECEIVED OR MAINTAINED | |
| Trade Name, if any: | | |
| P.O. Box, Bidg., Room No., if any | | |
| Street | 7.b. Amount. | |
| City () () () () () () () () () (| | |
| State ZIP Code + 4 | | |
| Signature | | |
| 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se | ing documents), has been examined by the signatory and is, to the best of the | |
| Signed Aniel Luwces | On 09/15/2005 (847) 294-5064 Date Telephone Number | |

| Name of Person Filing RONALD POWELL | File Number U- |
|---|---|
| B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inclealing with your labor organization or with a trust in which your labor organization. | vise dealing with the business rely seeking to represent, or irectly to, or otherwise |
| 8. Name and address of Business (including trade name, if any). | 9. Business deals with: |
| Name BLUE CROSS BLUE SHIELD OF ILLINOIS | |
| Trade Name, if any: | a. Labor Organization |
| P.O. Box, Bldg., Room No., if any | X b. Trust |
| Street 300 E RANDOLPH STREET | c. Employer |
| City CHICAGO | |
| State Illinois ZIP Code + 4 60601-5099 | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. |
| Name UFCW MIDWEST HEALTH BENEFITS FUND | ADMINISTERS HEALTH BENEFITS |
| Trade Name, if any: | |
| P.O. Box, Bldg., Room No., if any | |
| Street 1300 W HIGGINS RD | |
| City PARK RIDGE | 11.b. Approximate dollar value of such dealing. |
| on That Kibbb | 12.a. Nature of interest held or income received. |
| Stoto 733 3 4 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | |
| State Illinois ZIP Code + 4 60068-5713 | DIRECTOR'S FEE AS MEMBER OF THE BOARD OF DIRECTORS OF THE ILLINOIS AFFILIATE BOARD OF THE HEALTH CARE SERVICE CORPORATION |
| State Illinois ZIP Code + 4 60068-5713 | DIRECTOR'S FEE AS MEMBER OF THE BOARD OF DIRECTORS OF THE ILLINOIS AFFILIATE BOARD OF THE HEALTH CARE |
| State Illinois ZIP Code + 4 60068-5713 | DIRECTOR'S FEE AS MEMBER OF THE BOARD OF DIRECTORS OF THE ILLINOIS AFFILIATE BOARD OF THE HEALTH CARE |
| State Illinois ZIP Code + 4 60068-5713 | DIRECTOR'S FEE AS MEMBER OF THE BOARD OF DIRECTORS OF THE ILLINOIS AFFILIATE BOARD OF THE HEALTH CARE |
| State Illinois ZIP Code + 4 60068-5713 | DIRECTOR'S FEE AS MEMBER OF THE BOARD OF DIRECTORS OF THE ILLINOIS AFFILIATE BOARD OF THE HEALTH CARE |
| State Illinois ZIP Code + 4 60068-5713 C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money | DIRECTOR'S FEE AS MEMBER OF THE BOARD OF DIRECTORS OF THE ILLINOIS AFFILIATE BOARD OF THE HEALTH CARE SERVICE CORPORATION 12.b. Amount. \$24,709 |
| C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money | DIRECTOR'S FEE AS MEMBER OF THE BOARD OF DIRECTORS OF THE ILLINOIS AFFILIATE BOARD OF THE HEALTH CARE SERVICE CORPORATION 12.b. Amount. \$24,709 |
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| C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money | DIRECTOR'S FEE AS MEMBER OF THE BOARD OF DIRECTORS OF THE ILLINOIS AFFILIATE BOARD OF THE HEALTH CARE SERVICE CORPORATION 12.b. Amount. \$24,709 If parts A and B above) or other thing of value. 14.a. Nature of payment. |
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| C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name INTL FOUNDATION OF EMPLOYEE BENEFIT PLANS Trade Name, if any: P.O. Box, Bidg., Room No., if any 69 Street 18700 W BLUEMOUND ROAD | DIRECTOR'S FEE AS MEMBER OF THE BOARD OF DIRECTORS OF THE ILLINOIS AFFILIATE BOARD OF THE HEALTH CARE SERVICE CORPORATION 12.b. Amount. \$24,709 If parts A and B above) or other thing of value. 14.a. Nature of payment. REIMBURSED EXPENSES AS A MEMBER OF THE BOARD OF DIRECTORS OF THE INTERNATIONAL FOUNDATION OF |

| Name of Person Filing RONALD POWELL | File Number U- |
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

| 8. Name and address of Business (including trade กame, if any). | 9. Business deals with: |
|--|---|
| Name UFCW MIDWEST PENSION FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any | a. Labor Organization b. Trust c. Employer |
| Street 1300 W HIGGINS ROAD SUITE 300 | المسلم |
| State Illinois ZiP Code + 4 60068-5713 | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. |
| Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street | UNION TRUSTEE ON COLLECTIVELY BARGAINED PENSION FUND THAT PROVIDES PENSION BENEFITS TO UNION MEMBERS AND THEIR BENEFICIARIES |
| City | |
| State ZIP Code + 4 | 11.b. Approximate dollar value of such dealing. |
| | 12.a. Nature of interest held or income received. |
| | REIMBURSED TRUSTEE TRAVEL EXPENSES AND RÉGISTRATION FEE TO ATTEND INTERNATIONAL FOUNDATION OF EMPLOYEE BENEFIT PLANS FIDUCIARY EDUCATION CONFERENCE |
| | 12.b. Amount. \$2, 696 |

| Name | of | Person | Filina | DOMALD | DOMELI |
|------|----|--------|--------|--------|--------|
| | | | | | |

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with: |
|---|--|
| Name AMALGAMATED BANK OF CHICAGO | a. Labor Organization |
| Trade Name, if any: | Land I |
| P.O. Box, Bldg., Room No., if any | b. Trust |
| Street ONE W MONROE STREET | c. Employer |
| City CHICAGO | |
| State | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. |
| Name UFCW MIDWEST PENSION FUND | PROVIDER OF INVESTMENT SERVICES |
| Trade Name, if any: | |
| P.O. Box, Bldg., Room No., if any | |
| Street 1300 W HIGGINS ROAD | |
| City PARK RIDGE | Substitution of the contract o |
| State Illinois ZIP Code + 4 60068-5713 | 11.b. Approximate dollar value of such dealing. |
| | 12.a. Nature of interest held or income received. |
| | DIRECTOR'S FEE AS MEMBER OF THE BOARD OF DIRECTORS |
| | |
| | |
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| | |
| | 12.b. Amount. \$22,700 |

| Name of Person Filing | DOMAID | DOMET. |
|-----------------------|--------|--------|

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

| Name and address of Business (including Irade name, if any). | 9. Business deals with: |
|--|--|
| Name AMALGAMATED BANK OF CHICAGO Trade Name, if any: P.O. Box, Bldg., Room No., if any | a. Labor Organization b. Trust c. Employer |
| Street ONE W MONROE STREET City CHICAGO State Illinois ZIP Code + 4 60603-5301 | C. Employer |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. |
| Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City | PROVIDER OF BANKING SERVICES |
| State ZIP Code + 4 | 11.b. Approximate dollar value of such dealing. |
| | 12.a. Nature of interest held or income received. |
| | DIRECTOR'S FEE AS MEMBER OF THE BOARD OF DIRECTORS |
| | 12.b. Amount. \$22,700 |



September 15, 2005

U.S. Department of Labor Employee Standards Administration Office of Labor-Management Standards 200 Constitution Avenue, NW Room N-5616 Washington, D.C. 20210

Dear Sir or Madam:

Enclosed is my amended Labor Organization Officer and Employee Report LM-30 for 2004 reporting period. I initially filed my LM-30 Report on or about August 10, 2005. Since then, I have received additional information that has required me to file this amended Report.

More specifically, as later reported to me by the International Foundation of Employee Benefit Plans, of which I am an officer, the correct amount of reimbursement received for travel, hotel and per diem expenses for attendance at March 2004 Board and committee meetings was \$4,018.18. In addition, it has been reported to me that the Foundation attributed \$75.00 to me as the value of hosted events at these meetings, without regard to whether I actually attended the events or whether I consumed anything. While, I do not have any independent records or recollection to verify this attribution, I have, nonetheless, amended my LM-30 Report to reflect all of the above the above matters.

As DOL provides additional guidance on LM-10 filing obligations, which to date it has not, there may be further amendments to my LM-30 Report as more reliable information is provided to me. In the meantime, the enclosed Report contains my continuing good faith effort to comply with the LM-30 reporting obligations based on the advice of legal counsel.

Sincerely,

Ronald E. Powell